

Dallas

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☐ This is an initial* Statement of Organization
- ☐ This is an amended* Statement of Organization

Reset Form

*An initial Statement of Organization should be filled within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$750. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

FORM DR-1 (Rev. 01/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm.#	13137
Indexed	db
Audited	
Computer	

COMMITTEE NAME <u>CITIZEN'S FOR Oberman</u>	MAR 19 2003 ORIGINAL REC'D VIA FAX ON 2-21-03 db
IMPORTANT: Indicate type of committee you are reporting for: <u>4</u> (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)	

COMMITTEE TREASURER

Name <u>KELLY BAZAN</u>
Mailing Address <u>125 3rd Street</u>
City, State Zip Code <u>Waukeg, IA 50263</u>
Phone (515) <u>987-2980</u>
e-Mail

COMMITTEE CHAIR

Name <u>KAREN Oberman</u>
Mailing Address <u>280 Terrace Drive</u>
City, State Zip Code <u>Waukeg, IA 50263</u>
Phone (515) <u>987-5590</u>
e-Mail

INDICATE PURPOSE OF COMMITTEE - Check One Box ☒ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)
Comment or description:

All Candidates Enter: Waukeg Mayor District: _____
Office Sought: _____
Political Party (if applicable) _____ Year Standing for Election: _____
County/Local Candidates and Local Ballot/Franchise Committees Enter: _____
County: DALLAS Date of Election: MAR 25, 2003

Bank Account Name <u>CITIZEN'S FOR Oberman</u>
Name of Financial Institution/Type of Account <u>Waukeg State Bank</u>
Mailing Address <u>PO Box 66</u>
City State Zip <u>Waukeg IA 50263</u>

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor <u>Tony Oberman</u>
Mailing Address <u>280 Terrace Drive</u>
City State Zip <u>Waukeg IA 50263</u>
Phone (515) <u>987-5590</u>
e-Mail

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: 5

- | | |
|--|--|
| (1) DONATED TO _____ COUNTY CENTRAL COMMITTEE | (6) PRORATED REFUND TO CONTRIBUTORS |
| (2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one) | (7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY) |
| (3) DONATED TO CHARITABLE ORGANIZATION (specify) _____ | (8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY) |
| (4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one) | (9) OTHER (PACS ONLY), PLEASE BE SPECIFIC |
| (5) PARTISAN CONGRESSIONAL DISTRICT FUND | |

(Statement of intent required by law for all committees, except state parties and central committees and committees using only personal funds.)

STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE, OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$750.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B and administrative rules found in chapter 3512. I affirm that all committee officers have been informed of their appointment and obligations.

Kelly Bazan
Signature of Treasurer

Tony Oberman
Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

2/20/03
Date Signed

2/20/03
Date Signed